File Number:
85 - 11306
For the reporting period ended

ATTENTION:



UNITED STATES SECURITIES AND EXCHANGE COMMISSION "Washington, D.C. 20549

OMB AP	PROVAL_			
OMB Number:	3235-0337			
Expires:	July 31, 2003			
Estimated average burden				
hours per full res	ponse 6.00			
Estimated average burden				
hours per interm	ediate			
response	1.50			
Estimated average burden				
hours per minim	um			
response				

FORM TA-2

FORM FOR REPORTING ACTIVITIES OF TRANSFER AGENTS
REGISTERED PURSUANT TO SECTION 17A OF THE SECURITIES EXCHANGE ACT OF 1934

INTENTIONAL MISSTATEMENTS OR OMISSIONS OF FACT

CONSTITUTE FEDERAL CRIMINAL VIOLATIONS.

See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a) 1. Full name of Registrant as stated in Question 3 of Form TA-1: (Do not use Form TA-2 to change name or address.) Wells Fargo Bank New Mexico. 2. a. During the reporting period, has the Registrant engaged a service company to perform only of its transfer agent functions? (Check appropriate box.) X All □ Some ☐ None b. If the answer to subsection (a) is all or some, provide the name(s) and transfer agent file number(s) of all service company(ies) engaged: Name of Transfer Agent(s): File No. (beginning with 84- or 85-): Bank Minnesota, 85-10221 THOMSON FINANCIAL c. During the reporting period, has the Registrant been engaged as a service company by a named transfer agent to perform transfer agent functions? d. If the answer to subsection (c) is yes, provide the name(s) and file number(s) of the named transfer agent(s) for which the Registrant has been engaged as a service company to perform transfer agent functions: (If more room is required, please complete and attach the Supplement to Form TA-2.) Name of Transfer Agent(s): File No. (beginning with 84- or 85-)

3.	a.	Board of G	opropriate reguer of the Current posit Insurance tovernors of the and Exchange (icy : Corporatio : Federal R	on eserve Systen					
	b.	b. During the reporting period, has the Registrant amended Form TA-1 within 60 calendar days following the date on which information reported therein became inaccurate, incomplete, or misleading? (Check appropriate box.)								
			nmendment(s) to file amendm able	ent(s)						
	c.	If the answer to	o subsection (b) is no, pro	vide an explai	nation:				
	 -					· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	
		If	the response	to any of	questions 4	4-11 below is	non	e or zero	o, enter "0."	,
4.	Nu	mber of items re	eceived for tran	sfer during	the reporting	period:				
5.	a.	Total number of individual securityholder accounts, including accounts in the Direct Registration System (DRS), dividend reinvestment plans and/or direct purchase plans as of December 31:								
	b.									
	c.	Number of individual securityholder DRS accounts as of December 31:								
	d.	d. Approximate percentage of individual securityholder accounts from subsection (a) in the following categories as of December 31:								
	\	Corporate	Corporate	J	Open-End	Limited		Municip	3	Other
		Equity Securities	Debt Securities		ovestment Company Securities	Partnership Securities)	Secur	ities	Securities
			,							
6.	Nu	mber of securiti	es issues for w	hich Regist	rant acted in t	he following ca	apaci	ties, as of	December 31:	
			Co	rporate	Open-End	Li	mited	Municipal	Other	
				Sec Equity	Debt	Investment Company Securities		tnership curities	Debt Securities	Securities
	a.	Receives items and maintains securityholder	the master							
	b.	Receives items	for transfer							
		but does not m master security	holder files:							
	C.	Does not receitransfer but ma								
•		master security	holder files:							

C.			December 31:						
		Dividend disbursement and interest paying agent activities conducted during the reporting period: i. number of issues							
	ii. amount (in dollars)								
8. a.	Number and aggregate market value of securities aged record differences, existing for more than 30 days, as of December 31:								
			Prior Transfer Agent(s) (If applicable)	Current Transfer Agent					
	i. Number of issues								
	ii. Market value (in dollars)								
b.	b. Number of quarterly reports regarding buy-ins filed by the Registrant with its ARA (including the SEC) during the reporting period pursuant to Rule 17Ad-11(c)(2):								
c.	c. During the reporting period, did the Registrant file all quarterly reports regarding buy-ins with its ARA (including the SEC) required by Rule 17Ad-11(c)(2)?								
	☐ Yes	□ No							
d.	d. If the answers to subsection (c) is no, provide an explanation for each failure to file:								
Э. а.	During the reporting period, has the as set forth in Rule 17Ad-2?	ne Registrant always been in	compliance with the turna	round time for routine items					
9. a.		ne Registrant always been in	compliance with the turna	round time for routine items					
9. a.	as set forth in Rule 17Ad-2?								
9. a.	as set forth in Rule 17Ad-2?	☐ No • subsection (a) is no, comp during the reporting period	lete subsections (i) through the Registrant was	gh (ii). Is not in					
9. a.	as set forth in Rule 17Ad-2? Yes If the answer to Provide the number of months	No o subsection (a) is no, comp during the reporting period and time for routine items accompliance with a control of the co	lete subsections (i) through the Registrant was ording to Rule 17Ad-2 ng the reporting period with turnaround time for rout	gh (ii). Is not in th the ine					

11. a. During the reporting period, provide the date of all database searches conducted for lost securityholder accounts listed on the transfer agent's master securityholder files, the number of lost securityholder accounts for which a database search has been conducted, and the number of lost securityholder accounts for which a different address has been obtained as a result of a database search:

Pate of Database Search	Number of Lost Securityholder Accounts Submitted for Database Search	1988/82898888888888888888888888888888888

b. Number of lost securityholder accounts that have been remitted to states during the reporting period:

SIGNATURE: The Registrant submitting this Form, and the person signing the Form, hereby represent that all the information contained in the Form is true, correct, and complete.

Title: V.P. WESTERN REGION MER. Telephone number: U12-316-4883
Date signed (Month/Day/Year):
3/4/03

File Number	Supplement to Form TA-2	
For the reporting period ended December 31,	Füll Name of Registrant	

Use this schedule to provide the name(s) and file number(s) of the named transfer agent(s) for which the Registrant has been engaged as a service company to perform transfer agent functions:

Name(s):	File No: (beginning with 84- or 85-):
